

**APPENDIX IV
COUNTY MERIT LIST**

REGION **COUNTY**

S/NO	NAME	TSC NO.	NCPWD NO.	GENDER	SUB COUNTY	MARKS SCORED	TP GRADE	KCSE MEAN GRADE	YEAR OF GRAD.	MOBILE NO.	HOME COUNTY	REMARKS IF ANY e.g disability

I confirm that the information entered above is correct to the best of our knowledge.

TSC COUNTY DIRECTOR

Name _____ TSC No. _____

Sign. _____ Mobile No. _____ Date: _____